

REACH DOCUMENTATION REQUIREMENTS

-Program Available only in the 9 County Service Areas –
Lake, Kent, Manistee, Mason, Muskegon, Newaygo, Oceana, Ottawa, Wexford

(KEEP COVER SHEET FOR REFERENCE)

Provide a **copy** of the following documentation with completed application. (4 pages)

Note*Applications received with missing required documentation will not be processed.**

- 1) COPY of **TRIBAL I.D., AND DRIVERS LICENSE/STATE I.D.** for ALL individuals age 18 and older residing in the household as a permanent member. Permanent member means anyone residing in the household for one or more months.
- 2) COPY of **utility invoices (electric and heat) showing six (6) months usage and cost history.**
OR request a copy of this information from the utility companies and submit with completed application.
- 3) COPY of **three (3) Months proof of income for each individual** in the household age 18 and older. Income determination is based on the period of three (3) months prior to the date of application. To claim ZERO INCOME or partial income a ZERO INCOME WORKSHEET must be complete and notarized.
- 4) COPY of **Proof of Ownership or current Rental Agreement.** Rent or Mortgage payments must be current.

Family Size	REACH Income Guideline Not to exceed 60% State Median Income
1	\$23,446
2	\$30,661
3	\$37,875
4	\$45,089
5	\$52,303
6	\$59,517
7	\$60,870
8	\$62,223
For each additional person after 6 add 3% for each person to 132% & multiply by 45,089. (i.e. 9 = 132% + 9% = 141% x 54,443 = 76,764)	

If you have any questions about the status of an application or status of assistance, please contact the Members Assistance Department. Please do not contact any other department. If you are eligible for assistance, you will be notified by phone. When the assistance is mailed out, you will receive a copy of the information mailed to the vendor.

Members Assistance Department
Little River Band of Ottawa Indians
375 River Street
Manistee, MI 49660
(231) 723-8288 / 888-723-8288

LITTLE RIVER BAND OF OTTAWA INDIANS

Members Assistance Department REACH Application

Program Available only in the 9 County Service Areas –
Lake, Kent, Manistee, Mason, Muskegon, Newaygo, Oceana, Ottawa, Wexford

(Office Use Only)

Date: _____ Initials _____

A. APPLICANT INFORMATION

TRIBAL MEMBER NAME :		D.O.B.	
MAILING ADDRESS : STREET/P.O.		CITY	STATE ZIP
PHYSICAL ADDRESS : STREET/P.O.		CITY	STATE ZIP
COUNTY :	PHONE :	TRIBAL I.D. #	
MARITAL STATUS <input type="checkbox"/> MARRIED <input type="checkbox"/> SINGLE <input type="checkbox"/> WIDOWED <input type="checkbox"/> OTHER			
PARENT NAME IF ACCESSING ON BEHALF OF TRIBAL MEMBER MINOR			

B. FAMILY INFORMATION

1. List ALL persons living in the household on a permanent basis.

Name	D.O.B Date of Birth	Social Security Number	Relationship to Applicant	Years/Months at this address.	I.D. Number

C. INCOME INFORMATION

2. **Earned and Unearned** Income: Starting with applicant, list all household members who receive Earned and/or Unearned income, such as wages, tips, social security, retirement, disability and unemployment benefits, child support, alimony, royalties, per capita payments, tribal benefits, food/cash assistance from DHS, interest and any other income resource.

Provide Proof of all household income with application-

Name	Age	3 Months Income	Source of Income

Total gross Earned and Unearned income = \$ _____

D. GENERAL INFORMATION

3. In detail describe the problems/s you are experiencing with your home, timeframe of problems. REACH is a weatherization program; problems must be related to household inefficiencies that can be improved by this assistance over time.

Do you: X	Own		Rent		How long:
In working order?	YES	NO	Age of:	If replaced when?	Description/Model/Manufacturer (if known) & location of problem:
	N/A if None				
<i>Example: Refrigerator</i>		<i>x</i>	<i>12</i>	<i>n/a</i>	<i>Give detailed description and problems identified</i>
Existing Heating Source:					(must own home)
Insulation for Windows					(thermal weatherization window kits)
Existing Windows & Doors					(must own home)
Water Heater					(must own home)
Refrigerator					(must own home)
Cook Stove					(must own home)
Smoke Detectors & Fire Extinguisher					(location & condition)
Programmable Thermostat					(location & condition)
Some items are eligible for replacement. Home must be owned by tribal member applicant for most items such as refrigerator, stove and water heater. Determination of eligibility will be determined on a case by case basis and is not automatic.					

Lighting location	List Watts on Incandescent bulb used	Type if <u>not</u> an energy efficient bulb.	Total # of bulbs:	Type Indicate areas where individuals read on a regular basis & watt of lighting used.
<i>Example:</i> Living room	4-60 watt and 2- 40 watt	GE	6	On couch near table lamp – 60 watt bulb

Note: Replacement bulbs are Energy Star products – Compact Florescent Light Bulb (CFL's)

4. Household Estimated Monthly Expense Information – Expense for the month of: _____

Description	Amount of Expense - Month
Rent / Mortgage – (circle one)	\$
Food	\$
Electric	\$
Heat	\$
Water / Sewer / Trash (circle all that apply)	\$
Phone – Local and Long Distance & Cell Phone	\$
Cable or Satellite TV	\$
Automobile – Payment & Insurance etc. # of vehicles	\$
Medical / Dental	\$
Misc – Day care, child support, other	\$
Other expenses not listed – (please list)	\$
Total of All Expenses	\$

5. What is the heat source for the home? ☐ Electric ☐ Nat. Gas ☐ Wood ☐ Propane ☐ Oil Other: _____

6. Utility Vendors: Electric: _____, Heat: _____

(Applicant Responsibility - Attach utility invoices with six (6) months usage and cost history OR request a copy of this information from your utility companies.)

7. Are you applying for the REACH Assistance as your only recourse for assistance?

Yes _____ No _____ Please explain: _____

8. Do you or anyone in your family, who is a permanent resident listed under Parts A and B of this application, have a severe health problem, handicap, or permanent disability? Yes _____ No _____

If yes, provide the person's name and briefly describe the disabling condition: _____

**** You must verify this condition through two sources, such as a Social Security or Veterans Affairs determination of disability, and/or a doctor's certification.**

9. Have you ever received REACH Assistance from this program in the past? Yes _____ No _____

10. **Elder Households-** Do you pay _____ ALL or _____ SHARE the utility expense of the household? (Check one). If you SHARE in the utility expense how much do you pay each month? \$_____.

Comments: _____

This program can also assist with education for:

1. Budgeting Household Expenses –

Assist households in budgeting resources. Reviewing utility history and building a budget to better assist the household in making monthly payments and savings for elevated heat and electric usage cycles.

2. Heating Maintenance –

Educating the household on the importance of heater inspections and replacement of furnace filters and the health benefits of reducing allergens. Recommendation for setting a schedule to replace furnace filters. Establish an annual schedule to inspect smoke, carbon monoxide detectors and extinguishers. Provide literature for maintenance of heating system and provide household resource to purchase replacement filter/s.

Referrals: Your household may be eligible to receive assistance through programs offered by your local FIA, Community Action Agency and/or Utility Company. Contact these agencies for more information on: Weatherization, Energy Needs, Utility Shut-off Protection, Home Heating Tax Credit, Energy Audit, Utility Budgeting. If you need assistance in contacting these agencies please contact our office.

DO NOT LEAVE BLANK -

E. APPLICANT CERTIFICATION & AGREEMENT

(Read this certification carefully before you sign and date your application. Sign in ink.)

I certify that all of the answers given are true, complete and correct to the best of my knowledge and belief, and they are made in good faith. This certification is made with the knowledge that the information will be used to determine eligibility to receive financial assistance, and that false or misleading statements made by me on this application or my use of any untruthful or misleading statement on a document supporting this application is a violation of U.S.C. Title 18 Section 1001 and can result in prosecution and denial of services. This application contains material covered by the Privacy Act. No record will be communicated to outside agencies unless in writing, either by the applicant or an officer or employee of the Members Assistance Department or other Federal agency requiring it in the performance of their duties.

X _____ **Initials**

And; I fully understand that submission of an application does not guarantee receipt of assistance, and that resources will be allocated or withheld according to eligibility and availability of funds. I understand that I have the right to appeal any adverse decision regarding my request for assistance to the Little River Band of Ottawa Indians through the appeal process governing this program per the Membership Assistance Ordinance. I have read and fully understand the contents provided in this application.

X _____ **Initials**

And; I fully understand that, although there is a maximum amount of assistance under this program, I am not automatically entitled to that amount. If I am eligible for assistance I will not receive the maximum amount if a smaller amount will result in an improvement in my energy status.

X _____ **Initials**

And; I fully understand that by applying for this assistance and if granted assistance under this program I will be required to participate in an evaluation screening of program goals and outcomes per grant requirements and failure to submit the information requested will result in denial of future assistance and void / withdrawal of assistance provided. I will notify the department immediately in the event of relocating to another residence. This program is accessible one time per grant cycle.

X _____ **Initials**

Inspection of home will be required prior to assistance being granted.

REACH 2607B (e) (2) (I) ➔ **EVALUATION:** What performance goals will you establish for your REACH program with outcomes to (a) increase the health and safety of vulnerable LIHEAP households; (b) reduce household energy costs?

Detailed documentation will be kept on each application received including approved and not qualified applications. (a) A database will be designed and kept current so that staff can track performance goals and to document the number of households participating, document the need for further assistance in future years, and summarize the number of households in the tribal service area that received assistance as a percentage of the total population residing in each county. (b) Within the database mentioned above, utility costs will be recorded from the beginning of the program before improvement/repairs/replacements are made, on a quarterly basis through the 16 months so that data is available to compare costs before and after.

Applicant's Signature: _____

Date: _____

Spouse's Signature (if appropriate): _____

Date: _____

(Attached: Zero Income Form & Authorization to Release Information)



Little River Band of Ottawa Indians
Members Assistance Department

375 River St
Manistee MI 49660
Toll Free 888-723-8288
231-723-8288
Fax: 231-398-6748

AUTHORIZATION TO RELEASE INFORMATION

To Whom It May Concern:

I/We hereby authorize you to release, any and all information concerning the following:

Employment history dates, title, income, hours worked etc. mortgage, rental agreement, lease or land contract information, heating or electrical account information, Social Security, SSI or SS Disability statements, banking, savings statements, general assistance income (DHS), zero income statement; and any other information requested of outside agencies and/or appropriate Tribal departments as deemed necessary to verify application information submitted for assistance services.

This information is released to:

Members Assistance Coordinator-Lee A. Ivinson and Members Assistance Staff

for use in evaluating eligibility for Members Assistance Programs.

Release of Information to Appropriate Service Departments:

I understand that information may be disclosed to appropriate Tribal departments on my behalf for services and assistance applied for. This information is intended to facilitate access to services in a timely manner and is considered confidential and/or privilege information. I understand that records cannot be disclosed without my written consent below, unless otherwise provided in the regulation. I also understand that I may revoke this consent at any time except to the extent for actions taken and services in assisting you.

Full Name: _____
(Signature)

Full Name: _____
(Printed)

Social Security #: _____

Address: _____

Phone Number: _____

Privacy Act Statement

The primary use of this information is by an employee of the Members Assistance Department office in determining eligibility for services. Furnishing the information on this form is required to establish eligibility for your participation in the program.



Little River Band of Ottawa Indians
Members Assistance Department
Zero Income Worksheet

For additional forms make
copies as needed-
**COPY BOTH SIDES
OF THIS DOCUMENT**

Applicant and/or permanent household member/s age 18 or older shall complete the zero income form for periods within the last three (3) months of the date of application where there is no income generated or partial income claimed. Complete section that is pertinent to your situation – Zero Income or Partial Income.

Household Monthly Expenses -

	Amount
Rent/Mortgage Payment	_____ Mo.
Utilities – Circle that apply- Electric, Heat, Water, Sewer, Phone, Trash Removal, Cable or Satellite TV	_____ Mo.
Food	_____ Mo.
Automobile (fuel, repairs, insurance)	_____ Mo.
Medical/Dental	_____ Mo.
Miscellaneous (day care, child support etc.)	_____ Mo.
Other Expenses – List them _____	_____ Mo.

Zero Income

☐ I _____ certify that I have not received any income within the dates from _____ to _____ and I am claiming ZERO INCOME. (must total 3 months from date of application)

Please explain circumstances for claiming Zero Income:

REQUIRED: Explain how the expenses are currently paid

How will household continue to pay the expenses?

Partial Income

☐ I _____ certify that I am claiming income for part of the period within the three months and *proof of income is provided with application* and ZERO INCOME for the dates from _____ to _____. (must total 3 months from date of application)

Please explain circumstances for claiming Partial Income:

REQUIRED: Explain how the expenses are currently paid

See Reverse Side →

How will household continue to pay the expenses?

Income/Resources of Household-

Provide a copy of the documents that apply with application.

Income from Work-Not reported on a W-2 Form	_____	Mo.
Rental Income (If applicable)	_____	Mo.
TANF (Temporary Assistance to Needy Families)	_____	Mo.
Child Support/Alimony	_____	Mo.
Social Security Benefits	_____	Mo.
Food Stamps/Bridge Card	_____	Mo.
Subsidized Housing	_____	Mo.
Pension	_____	Mo.
Unemployment Compensation	_____	Mo.
Workers' Compensation	_____	Mo.
Explanation of any other resources not listed:	_____	

(circle one)

Would you participate in a household budgeting training course? Yes No If No: Why _____

I certify that all of the answers given are true, complete and correct to the best of my knowledge and belief, and they are made in good faith. This certification is made with the knowledge that the information will be used to determine eligibility to receive assistance, and that false or misleading statements made by me on this application or my use of any untruthful or misleading statement on a document supporting this application is a violation of U.S.C. Title 18 Section 1001 and can result in prosecution and/or denial of services.

Spouse or Other – (Individuals 18 or older declaring zero or partial income)

Signature: _____ Date: _____

Applicant Signature: _____ Date: _____

NOTARY STAMP, SIGNATURE AND DATE

(Name) _____ Acknowledged before me in _____ County,
State of _____ on this date _____.

Notary's Stamp

Notary Signature _____
Notary Public, State of _____, County of _____;
My commission expires _____; and Acting in the County of _____.



Little River Band of Ottawa Indians
Members Assistance Department

For additional forms make
copies as needed.

Statement of Assistance Resources

To be completed by person giving assistance to applicant.

Applicant name: _____ Address _____

I certify that the total amount to date I _____ gave _____
in assistance is \$ _____. Amount was given per ☐ month or ☐ week. This financial assistance
started on (Date) _____.

The dates and amounts given:

Date	Amount	Date	Amount	Date	Amount

(Use reverse side for additional space)

Check and complete all that apply:

☐ I paid these expenses on these dates:

Expense/ Bill	Description	Amount	Date/s

(Use reverse side for additional space)

☐ I will continue to pay these expenses until (Date) _____.

☐ This was a onetime assistance and no further assistance will be given.

My relationship to the applicant is: _____

My Address: _____

My Phone: _____

My Work Phone: _____

My Employer Name & Address: _____

This certification is made with the knowledge that false or misleading statements made by me on this form and/or on supporting documents for this certification is fraud and can result in prosecution. I further understand that the Little River Band of Ottawa Indians may require additional information to verify the assistance provided by me to said applicant, additional request may be but not limited to receipts, bank statements, paid invoices, cancelled checks and income verification by way of pay stubs and any other proof deemed necessary.

NOTARY, SIGNATURE AND DATE

Signature: _____ Date: _____

(Name) _____ Acknowledged before me in _____ County,
State of _____ on this date _____.

Notary's Seal

Notary Signature _____
Notary Public, State of _____, County of _____;
My commission expires _____; and Acting in the County of _____